| NON-HAZARDOUS | Generator ID Number | 2. Page 1 of | 3. Emergency Response Phone | 4. Waste Tracking Number | , ! | |
|--|--|---|--|--|-----------------------|--|
| WASTE MANIFEST | | ર | 300-404-5300 | and the second | P | |
| 5. Generator's Name and | Mailing Address | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Generator's Site Address (if different | nt than mailing address) | | |
| 1 | ON II-SUPER FOR EXAMELL | | heepa hee li-hibu | riur barrel a dru | s arte | |
| | ince ave edieda, av | | THE JACOB HARRIE I | | | |
| Generator's Phone: 6. Transporter 1 Company | (735)709;-da55 | | 7 <u>assbuko nj</u> | U.S. EPA ID Number | | |
| '4 | | | | | | |
| 7. Transporter 2 Company | Name 1 | | | U.S. EPA ID Number | | |
| | | | | • | | |
| 8. Designated Facility Nan | ne and Site Address | | | ILS FPA ID Number | | |
| REPUBLIC SE | RVICES/CONSTROGA | | • | | ١. | |
| 420 SUARRY | | PR 1,4843 | TENC | | | |
| Facility's Phone: 🚁 🚓 | 30910-7977A | ······································ | 1 1 50 7 | eb contract | • | |
| 9. Waste Shipping | Name and Description | | | | | |
| 1. Giora Ma a | Mon Regulated Contamo | වෙතර කණ මාර්ග්ර් | ** | 5 . | | ······································ |
| 2. | CANNA S. RACE FAMILY SERVICES - STORES CONSTRUCTOR | Seek and the country of | ! | | | |
| | | | C+1 | Scrape | | |
| 2. | | | <i>30</i> 11 | Scrape | | |
| N41 | | | ! | | | |
| | A M N N N N N N N N N N N N N N N N N N | | ' | | | **** |
| 3. | | | 1 | | | |
| the best through more | All San a series of the series | | Waste | Manifests | | |
| 4. | | | | | ļ | |
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| [₹] * | | | | | | |
| 13. Special Handling Instru | ctions and Additional Information | | | | | |
| to Wille | 49420 | | | | | |
| | W. Carry | 111 11/11/1 | æ . | | | • |
| | | | Control of the Contro | | | |
| | | | | | | |
| 14. GENERATOR'S/OFFE | ROR'S CERTIFICATION: I hereby declare the | nat the contents of this consignment ar | e fully and accurately described abo | ove by the proper shipping name, an | d are classified, pad | kaged, |
| Generator's/Offeror's Printe | carded, and are in all respects in proper con ad/Typed Name | Cier | noti uto | | W. A. B. | |
| Margaret | | | and the second | المنزين | Month Day | |
| 15. International Shipments Transporter Signature (for | Import to U.S. | | | The same of the sa | 39 2 | 7 / 4 |
| Transporter Signature (for | | Export from U | .S. Port of entry/exit: Date leaving U.S.: | · · · · · · · · · · · · · · · · · · · | | |
| 16. Transporter Acknowled | gment of Receipt of Materials | | Date leaving e.e | | | |
| Transporter 1 Printed/Type | d Name | Sign | nature | | Month Day | / Year |
| Dane A | | | The state of the s | | 1.4 3. | i i .i |
| Transporter 2 Printed/Type | o Name | Sign | ature | | Month Day | Year |
| 17. Discrepancy | | | | - | | |
| 17a. Discrepancy Indication | Space CT | | | | - | · |
| , , , , , , , , , , , , , , , , , , , | Quantity | Туре | Residue | Partial Rejection | ☐ Full Re | jection |
| | | | Adv. Mar. 1994 P. | | | |
| 17b. Alternate Facility (or G | enerator) | · · · · · · · · · · · · · · · · · · · | Manifest Reference Number: | U.S. EPA ID Number | | |
| | | | • | e.e. e. A to mullipol | | |
| Facility's Phone: | | | | 1 | | |
| 17c. Signature of Alternate | Facility (or Generator) | · · · · · · · · · · · · · · · · · · · | | | Month Day | Year |
| | | | | | . | |
| * 4 4 7 2 | | | | | <u> </u> | 1 |
| | 文字 化甲基苯基 | | | 3104 | | |
| 40.0 | | And the same of the same of | The second se | | | |
| 18. Designated Facility Owr Printed/Typed Name | ner or Operator: Certification of receipt of mat | | | | | |
| т писси турестиатте | | Signi | ature | - | Month Day | Year |
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|---------------------|--|--|--|--|--|--|---------------------------------|--|-------|
| A | NON-HAZARDOUS 1. Generator ID Numb | er | 2. Page 1 of 3. Emerge | ency Response Phone | 4. Waste | Fracking Numb | er | | |
| | WASTE MANIFEST | | Generator's Site Address (if different than mailing address) | | | | | | |
| H | 5. Generator's Name and Mailing Address ATTM | KEITH GLEAT | Generator | 's Site Address (if differen | t than mailing add | ress) | | | |
| Ш | LE ELA REGION II-SUPERIOR | (BARRELL | CHEFA | REG II-SUPER | ILT. BANK | el a ori | m site | | |
| | 2000 WOODBRIDGE AVE EDION | | | CTR HORFIG L | | | | | |
| | Generator's Phone: 737) 374 - 445 4 | | ELA:SI | | | | | | |
| HÌ | 6. Transporter 1 Company Name | · · · · · · · · · · · · · · · · · · · | Indian, 1844.te | 3-1-1- 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | U.S. EPA II | Number | | | |
| | Lacy Expres | s. INC | | | 1 | | | | |
| Ш | 7. Transporter 2 Company Name | | | | U.S. EPA I | Number | | | |
| | , and the second | | | | 1 | HUMBO | | | |
| Н | Designated Facility Name and Site Address | | | | 110 5504 15 | Ý N t | | | |
| | | | | | U.S. EPA I | Number | | | |
| | REFLIELIC SERVICES/COMESTO | ra Ea | | | | | | | |
| | 420 QUARRY RD KORG | Cheff an augusta | | | | | | | |
| H | Facility's Phone: (516)285-7875 | | | | | | | | |
| | Waste Shipping Name and Description | | | 10. Containers | 11. Total | 12. Unit | | | |
| | 5. Waste Shipping Name and Description | | | No. Type | Quantity | Wt./Vol. | | | |
| Ľ | 1 Mon Haz Non Regulated | Programme on Carl | | | | | , | | |
| 巨 | 1 2100 A. A. CONENT. MATERIA S. S. S. C. C. C. C. C. C. C. C. | printed a property of the second section of the second sec | | F-04 | 40 | <u> </u> | | | |
| R | | | | CA | " • |) y .j | | | * |
| GENERATOR | 2. | · · · · · · · · · · · · · · · · · · · | | | | + | | | |
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| I I. | | | | | | | | | |
| Н | | | | | | | | | |
| Ħ | 4. | | | | | | (2023-2011 111-111 | ********** | |
| H | | | | | | | | | |
| Ш | | | | | | | | | |
| Н | 13. Special Handling Instructions and Additional Informa | ation | | | 1 | | | | |
| H | | | | | | | | | |
| | 1. WID: 49420 | 12 44 3 | | | | | | | |
| Ш | 1. WID: 49420 | A CAR SER SER S | of plants | | | | | | |
| Ш | · | | | | | | | | |
| Н | | | | | | | | | |
| | 14. GENERATOR'S/OFFEROR'S CERTIFICATION: I h | ereby declare that the contents of this | s consignment are fully and | accurately described above | e by the proper s | hinning name a | nd are classifi | ad packs | and . |
| | Ly marked and lanelegichiacaided, and are in all teshec | ts in proper condition for transport acr | cording to applicable interna | tional and national govern | mental regulation | 6. | na are dassiii | cu, packa | igou, |
| | Generator's/Offeror's Printed/Typed Name | | Signature | will a | 27 | - | Month | Day | Year |
| V | Margaret Gregor | | WWW | MA HAR | · Samuel | | 09 | 24 | 15% |
| Ľ | 15. International Shipments Import to U.S. | | Transferrito 1 | | | | 1 8 | 1 2 3 | |
| IŅT'L | Transporter Signature (for exports only): | <u>L.</u> | LExport from U.S. | Port of entry/exit: | | | | | |
| Œ | 16. Transporter Acknowledgment of Receipt of Materials | | | Date leaving U.S.: | | | | | |
| TRANSPORTER | Transporter 1 Printed/Typed Name | | Signature | | | | 1 danish | | V |
| ğ | Bur Alexande | | Olg nature | والمناسبين المناسبين | | | Month | Day | Year |
| S | Transporter 2 Printed/Typed Name | | | | | · | | م. ت | 17 |
| H. | | | Signature | | | | Month | Day | Year |
| - | 42 10 | | | <u> </u> | | | | | |
| | 17. Discrepancy | | | | | | | | |
| | 17a. Discrepancy Indication Space Quantity | Type | | Residue | Dortini Da | 141 | | | |
| | | ·,po | | residue | Partial Re | jection | | Full Rejec | tion |
| | | | Manife | st Reference Number: | | | | | |
| <u>}</u> [| 17b. Alternate Facility (or Generator) | | THAI WO | | U.S. EPA ID | Number | | | |
| 핅 | | • | | | r. 10 | | | | |
| ¥۱ | Facility's Phone: | | | | 1 | | | | |
| 핊 | 17c. Signature of Alternate Facility (or Generator) | | | | | | | | |
| DESIGNATED FACILITY | (or delibrator) | | 1 | | | | Month | Day | Year |
| S | | | | | | | | | |
| 8 | 4 4 | | | | | · · · · · · · · · · · · · · · · · · · | | ــــــــــــــــــــــــــــــــــــــ | · |
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| 1 [| | The state of the s | 지 : | | | 1.00 | | 4.0 | |
| | 18. Designated Facility Owner or Operator: Certification of | of receipt of materials covered by the | manifest event se noted in | tom 170 | | | | | |
| | Designated Facility Owner or Operator: Certification of Printed/Typed Name | of receipt of materials covered by the | | Item 17a | ψ. j | | | | |
| | Designated Facility Owner or Operator: Certification of Printed/Typed Name | of receipt of materials covered by the | manifest except as noted in Signature | Item 17a | | | Month | Day | Year |

| NON-HAZARDOUS | 1. Generator ID Number | 2 Page 1 of | 3. Emergency Response | , where | Q | 98 | Der | |
|---|--|--|--|------------------------------|--|-------------------|--------------------|-----------------|
| WASTE MANIFEST 5. Generator's Name and M. | ailing Address ATTNI L | ABITH GLENN | Generator's Site Address | <i>4 IL</i> 5 | UPERIOR | BARR | BILLY DA | UM SHE |
| USEPH P | REGION II SHEK! | ot BARRELL Diser, LT 18837 | 748 JAC GLASS PA | PO HA | eris I r Toda | nt noc | 4 10, 10 | |
| Generator's Phone 7 | 32-321-41454 | | | ~ | S EPA ID | Number | | _ |
| 6. Transporter 1 Company I | vame . | SINC. | | and the second | | | 1500 | 3 |
| 7 Transporter 2 Company | Name | | | s | U.S. EPAID | ta contactor. | | |
| 8. Designated Facility Nam | e and Site Address | REPUBLIE SE 420 GUARRY | Rists/CON | ES/PS | U.S. EPA ID | Number | 0643 | |
| | | 4/20 GUARRY | KU, WIEK | GHWI | ever y | 797 | 70.0 | |
| | -458-7376 | | 10. Cont | | 11. Total Quantity | 12 Unit Wt/Vol | | |
| 9. Waste Shipping | Name and Description | | 140 | Туре | <u> </u> | | | |
| t. | MAT MOUNTE | LH B CONTAMINA | = 801 | CM. | 20 | VDS | | |
| 2 500 | HIJO NON NEGO | N. D. P. C. HOLLEY | | ; | | | N. | |
| - | • • | | | | do 2000 | | 77. | |
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| ¥410 | A Comment | | 1 | 3- | A CONTRACTOR OF THE CONTRACTOR | | | |
| - E | | | Managarian and Amagarian and A | | 1 | | | |
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| 13 Special Handling Inst | nuctions and Additional Information | 2ALH 14168 | 30 | | | 1 | | |
| 13. Special Handling Inst | OHIPA APPRO | 2912 # 1 4 1 6 and the contents of this consignment per condition for transport according to appropriate appropria | it are fully and speciments | iescribed abovational govern | e by the proper | shipping nations. | | fied, packaged, |
| 13. Special Handling Inst | FEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in prop | | it are fully and speciments | iescribed abo | e by the proper mental regulation | shipping nai | ne, and are classi | |
| 13. Special Handling Inst 2 14. GENERATOR: S/OFF marked and labeled/ | FEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in propinced/Typed Name | A Committee of the Comm | nt are fully and accurately of pilicable international and risignature | entry/exit | re by the proper mental regulation | shipping nai | Month | fied, packaged, |
| 13. Special Handling Inst 2 14. GENERATOR'S/OFF marked and labeled/ Generator's/Offeror's Pri 15. International Shipme Transporter Signature (f | FEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in proposed Name Interpret to U.S. of exports only): | ectare that the contents of this consignment per condition for transport according to ap | nt are fully and accurately of pilicable international and risignature | | e by the proper | shipping nat | Month | Day Ye |
| 13. Special Handling Inst 2 14. GENERATOR'S/OFF marked and labeled/ Generator's/Offeror's Pri 15. International Shipme Transporter Signature (f | FEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in propinted/Typed Name Ints | ectare that the contents of this consignment per condition for transport according to ap | nt are fully and accurately of pilicable international and risignature | entry/exit | e by the proper mental regulation | shipping nai | Month | Day Ye |
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| 13. Special Handling Inst 2 14. GENERATOR'S/OFF marked and labeled/ Generator's/Offeror's Pri 15. International Shipme Transporter Signature (f 16. Transporter Acknow Transporter 1 Printed/Ty 17. Discrepancy | TEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in proported/Typed Name Import to U.S. or exports only): ledgment of Receipt of Materials ped Name | eclare that the contents of this consignment per condition for transport according to ap | nt are fully and accurately of phicable international and risignature om U.S. Port of Date M. Signature Signature | entry/exit | | | Month Month | Day Ye |
| 13. Special Handling Inst 2 14. GENERATOR'S/OFF marked and labeled/ Generator's/Offeror's Ph 15. International Shipme Transporter Signature (f 16. Transporter Acknow Transporter 1 Printed/Ty Transporter 2 Printed/Ty | TEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in propried Typed Name Import to U.S. bir exports only): ledgment of Receipt of Materials ped Name | ectare that the contents of this consignment per condition for transport according to ap | nt are fully and accurately of phicable international and residue. Signature Port of Date Machiner. Signature Residue | entry/exit | | shipping nai | Month Month | Day Ye |
| 13. Special Handling Inst 2 14. GENERATOR'S/OFF marked and labeled/ Generator's/Offeror's Pri 15. International Shipme Transporter Signature (f. 16. Transporter Acknow Transporter 1 Printed/Ty 17. Discrepancy Indica | TEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in proportion of the proportion of the place of the proportion of th | eclare that the contents of this consignment per condition for transport according to ap | nt are fully and accurately of phicable international and risignature om U.S. Port of Date M. Signature Signature | entry/exit | Partia | | Month Mont | Day Ye |
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| 13. Special Handling Inst 2 14. GENERATOR'S/OFF marked and labeled/ Generator's/Offeror's Pri 15. International Shipme Transporter Signature (6 16. Transporter Acknow Transporter 1 Printed/Ty 17. Discrepancy Indica 17b. Afternate Facility (Facility's Phone: | TEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in proportional proportion | eclare that the contents of this consignment per condition for transport according to ap | nt are fully and accurately of phicable international and residue. Signature Port of Date Machiner. Signature Residue | entry/exit | Partia | Rejection | Month Mont | Day Ye |
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| 14. GENERATOR'S/OFF marked and labeled/ Generator's/Offeror's Pri 15. International Shipme Transporter Signature (6 16. Transporter Acknow Transporter 1 Printed/Ty 17. Discrepancy Indicate 17b. Afternate Facility (Facility's Phone: | TEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in proportional proportion | eclare that the contents of this consignment per condition for transport according to ap | nt are fully and accurately of phicable international and residue. Signature Port of Date Machiner. Signature Residue | entry/exit | Partia | Rejection | Month Month | Day Ye |
| 13. Special Handling Inst 2 | TEROR'S CERTIFICATION: I hereby de placarded, and are in all respects in propried Typed Name Interpret to U.S. by exports only: ledgment of Receipt of Materials red Name Interpret Name Quantity Or Generator) | eclare that the contents of this consignment per condition for transport according to ap | nt are fully and accurately of pricable international and resignature am U.S. Port of Date is Signature Signature Assidue Manifest Referent | entry/exit | Partia | Rejection | Month Month | Day Ye |

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SPECIAL WASTE PROFILE

| Requested Disposal Facility | 5081 Conestoga LF PA | | W | aste Profile # | | |
|--|--|--|---------------|---|--|--|
| Saveable fill-in form. Restricted printing until | all required (vellow) fields are completed. | | | | | |
| Saveable fill-in form. Restricted printing until all required (yellow) fields are completed. I. Generator Information | | | Sales Rep #: | | | |
| | A Region II - Superior Barrel & Dru | | T amounted in | | | |
| Generator Site Address: | 798 Jacob Harris Lane | ************************************** | | | | |
| City: Glassboro | County: Gloucester | State: New | Jersey | Žip: 08028 | | |
| State ID/Reg No: | State Approval/Waste Code |): | (if applicat | le) NAICS#: | | |
| Generator Mailing Address | (if different): 2890 Woodbridge | Avenue | | | | |
| City: Edison | County: Middlesex | State: Nev | v Jersey | Zip: 08837 | | |
| Generator Contact Name: | Keith Glenn | | Email: | | | |
| Phone Number: (732) 321 | -4454 Ext | Fax Numb | er: | / | | |
| I. Billing Information | | | • | | | |
| Bill To: American Waste M | lanagement Services, Inc | Contact Na | ame: John Zw | rahl | | |
| Billing Address: One Ame | · · · · · · · · · · · · · · · · · · · | | | @awmsi.com | | |
| City: Warren | State: OH | Zip: 44484 | | ne: (973) 903-7022 | | |
| | nazardous soils from cleanup at a f | | <u> </u> | • | | |
| Type of Waste: | ✓ INDUSTRIAL PROCESS W | | UTION CONT | ROL WASTE | | |
| Physical State: | SOLID SEMI-SOLID | POWDER _ | LIQUID | | | |
| Method of Shipment: | 2 | GGED OTHE | R: | | | |
| Estimated Annual Volume: | W NA A CASE CONT. CON CASE CONT. | Tons | · · · , | | | |
| Frequency: | ✓ ONE TIME ONGOING | | | | | |
| Disposal Consideration: | ✓ LANDFILL SOLIDIFICA | ATION L BIOF | REMEDIATION | | | |
| Is the representative samp | ample Certification le collected to prepare this profile a | NO SAMPL | lvsis. | | | |
| collected in accordance with | th U.S. EPA 40 CFR 261,20(c) guid | delines or equivale | ent rules? | ✓YES or □NO | | |
| Type of Sample: COMP | OSITE SAMPLE GRAB SAM | PLE | | | | |
| Sample Date: 9/11/14 | | ·. | ··· | | | |
| Sample ID Numbers: SBD-S | Soil-001 | | | | | |
| | | . , | • | · · · · · · · · · · · · · · · · · · · | | |
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| | | • | | Was | te Profile # | | |
|---|--|--|---|------------------------------------|----------------|--|--|
| V. Physica | l Characteristics of | Wasta | | | | | |
| <u>-</u> | | Waste | | by Weight (r | ange) | | |
| Characteristic (| Components | · | | - 100 | arige) | | |
| 2. Debris (plastic | c. paper, twigs) | A CONTRACTOR OF THE CONTRACTOR | 0 - | | | | |
| 3. | <u>5, papor, (mgo)</u> | | <u></u> | | ' | | |
| 4. | The second secon | | | THE RESERVE OF THE PERSON NAMED IN | | | |
| 5. | | | | | | | |
| Color | Odor (describe) | Does Waste Contain Free Liquids? | % Solids | olids pH: Flash P | | | |
| varies | none | ☐ YES or ✓ NO | 100 | 7.58 | No ∘F | | |
| Attach La | | eport (and/or Material Safety Data equired Parameters Provided for t | | ding Chain | of Custody and | | |
| Herbicides: Chlo | | ain regulated concentrations of the follo (and its epoxides), Lindane, Methoxych 3? | | | ☐Yes or ☑No | | |
| Does this waste ppm)[reference 4 | contain reactive sulfides (g 40 CFR 261.23(a)(5)]? | reater than 500 ppm) or reactive cyanid | le (greater than | 250 | ☐Yes or ☑No | | |
| Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761? | | | | | ☐Yes or ☑No | | |
| Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents? | | | | | ☐Yes or ☑No | | |
| Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations? | | | | | ☐Yes or ☑No | | |
| Does this waste other dioxin as d | contain regulated concentre lefined in 40 CFR 261.31? | ations of 2,3,7,8-Tetrachlorodibenzodio | xin (2,3,7,8-TC) | CD), or any | ☐Yes or ☑No | | |
| Is this a regulate | d Radioactive Waste as de | fined by Federal and/or State regulation | ns? | | ☐Yes or ☑No | | |
| Is this a regulate | d Medical or Infectious Wa | ste as defined by Federal and/or State | regulations? | | ☐Yes or ☑No | | |
| Is this waste a re | eactive or heat generating v | /aste? | | | ☐Yes or ☑No | | |
| Does the waste contain sulfur or sulfur by-products? | | | | | ☐Yes or ☑No | | |
| Is this waste generated at a Federal Superfund Clean Up Site? | | | | | ☑Yes or ☐No | | |
| Is this waste from a TSD facility, TSD like facility or consolidator? | | | | | ☐Yes or ✔No | | |
| I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. | | | | | | | |
| I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services Inc. | | | | | | | |
| Keith Glenn US EPA Regi | | | | | | | |
| Auth | norized Representative Name A | and Title (Type or Print) | , | Company Nan | ne | | |
| | 15/10 | | | 9/19/2014 | | | |
| | Authorized Representati | ve Signature | | Date | | | |